



CPC Practice Spotlight 77

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Integrated Versus Co-located: A New York Practice Fully Integrates Behavioral Health and Finds Benefits Beyond Timely Access for Patients and Providers

Latham Medical Group, Latham, New York; multi-specialty affiliated with Community Care Physicians (8 CPC sites); 9 physicians, 1NP, 5 PAs; 16,000 patients

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CPC Change Driver 1: Comprehensive Primary Care Functions

- 1.1: Access and Continuity
- 1.2: Planned Care and Population Health
- 1.3: Risk-Stratified Care Management
- 1.4: Patient and Caregiver Engagement

For more information about the CPC initiative, visit <http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/>.

Situation: Behavioral health (BH) services at **Latham Medical Group (LMG)** have evolved from a co-located strategy into a high-level, fully integrated delivery of BH services. This includes sharing the EHR, dedicated workspace, a steady work stream of coordinated care with care teams, assessment on behavioral health and comorbidities following evidence-based guidelines, identifying risk and behavioral conditions that could affect outcomes and the BH consultant (BHC) contributing to overall care. This full integration has affected — and clearly benefited — nearly all aspects of the practice's work.

Innovation: LMG found that integration involved a complex synthesis of multiple moving parts: finding the right providers, locating helpful resources to support the transformation work, refining workflows and then finally measuring effectiveness.

Hire the Right People — Traditional behavioral health specialists are rarely trained to work in the fast pace of a primary care clinic where brief focused therapy techniques are needed. Group leader **Holly Cleney, MD**, advises to hire for talent and willingness to learn over experience. She recommends looking for a provider who can support teams in improving their motivational interviewing skills, how they work through change as well as serve in other capacities, such as a leader for smoking cessation classes or diabetes self-management education and support courses. Then, be sure to allow ample time for the provider to adapt to the team-based care model, which differs vastly from BH's traditional 60-minute appointment model for outpatient services. At this time, a PhD-candidate behaviorist and a health coach are part of the Latham team. Further, the Latham team is developing a training program with the intention of building a candidate pool for this work. They are also working on a training program for other primary care practices within their larger organization to develop BH programs with full integration.

Build a Toolbox — This practice followed an implementation framework (see insert) developed by SAMHSA (Substance Abuse and Mental Health Services Administration). The SAMHSA model lays out starting points for administration, recruitment and onboarding, engaging psychiatrists for referrals, measures and process maps. Dr. Cleney forewarns that any framework is simply a launching point — practices will need to carefully consider their individual strengths and needs that will affect how they successfully integrated BH services.

Test, Revise, Repeat — LMG repeatedly worked through different workflows and scheduling strategies to strike an effective balance of same-day availability, scheduled appointments, co-visits with BH and warm hand-offs with behavioral health providers. The benefit and challenge of effectively integrating a BH specialist is that her expertise is helpful in myriad situations: assessing and screening for patient needs, teaching behavioral solutions to complement a pharmaceutical regimen, tandem self-management support with care managers and providers, supporting providers' teaching skills such as Motivational Interviewing, and more.

Moving the Needle — To measure effectiveness, LMG tracks pre- and post-treatment depression and anxiety scores with the PHQ-9 and GAD 7 among other standard screening tools. About 65% of the patients receive treatment within the practice using shorter behaviorally focused sessions with the BHC or health coach. Often patients' ongoing medical needs require frequent contact anyway and continued BH support blends well with their course of treatment. The others need longer term specialty mental health for optimal care. For that group, LMG's behavioral receptionist makes the initial appointment at one of LMG partner counseling practices and ensures that progress notes are returned to continue care integration.

Not Easy, But Worth It: LMG estimates that full integration has been an 18-month process and is not finished. As providers gain experience with having BH specialists on their teams, they continue to develop increasing levels of collaborative care and treatment processes focused on population health. Additionally the practice is involved in a research study involving teaching Motivational Interviewing to providers. Part of its purpose is to reduce their own work-related frustrations as they learn to elicit "the change talk" with patients rather than the usually go-nowhere repetitive suggestions. Fully integrating BH into the primary care practice is a win-win for all: providers see patient engagement and progress, and patients are given the assistance they need to make a meaningful, effective plan toward change.



LMG recommends [resources from SAMHSA](#) for developing an integration strategy. Pictured above is a portion of SAMHSA's easy-to-follow interactive flowchart that can guide practices on how to work through administration concerns, build a business case, recruit staff and test workflows.



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